

POLICY ATTACHMENT 2 - GYNECOLOGICAL AND REPRODUCTIVE HEALTH SERVICES (proposed to be effective January 1, 2015)

TOS*	Procedure Code	Modifier	Long Description ****	Age Range	Non-Facility (N)/Facility (F)	CURRENT		PROPOSED	
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
2	58356		****	0-20	F	\$271.22	\$265.80	\$282.64	\$282.64
2	58356		****	21-999	F	\$258.30	\$253.13	\$269.18	\$269.18
8	58356		****	0-20	F	Not a Benefit	Not a Benefit	\$45.19	\$45.19
8	58356		****	21-999	F	Not a Benefit	Not a Benefit	\$43.04	\$43.04
1	58600**		****	0-20	N/F	\$307.34	\$307.34	Not a Benefit	Not a Benefit
1	58600**		****	21-999	N/F	\$292.70	\$292.70	Not a Benefit	Not a Benefit
F	58546		****	0-999	F	Not a Benefit	Not a Benefit	Group 9	Group 9
8	59135		****	0-999	N/F	\$76.92	\$75.38	Not a Benefit	Not a Benefit

*Type of Service (TOS)	
1	Medical Services
2	Surgery
8	Assistant Surgery
F	Ambulatory Surgical Centers/Hospital Ambulatory Surgical Centers

****Note** - procedure code 58600 is also payable under TOS 2, no change is proposed to TOS 2 for 58600.

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